STATE OF MARYLAND—	CERTIFICATE OF DEATH 7517
1. PLACE OF DEATH	(3)
County Prince Jeorge Con	integ med. Registration Dist. No. 242
Village or City Janimont Heghts	No. 220 Farmen Ane. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME BAAron Walker Cll	yandre
(a) Residence: No. 220. Jaintueur (Usual place of abode)	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH July 23, 193 86 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marrie Alexandro	22. I HEREBY CERTIFY, That I attended deceased from 1936, to 23, 193 (
6. DATE OF BIRTH (month, dey, and year) 600 55. 1893	I last sew hamalive on while 2 2 11-3 Lideath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at J.Am.
42 6 23 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
Prade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of one of
9. Industry or business in which work was done, as SILK MILL,	& pearly
SAW MILL, BANK, etc	
year) \ oscupation _ deline \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Other Custributory Causes of importance:
12. BIRTHPLACE (city of town) All My Co. (State or country)	A) pertention
13. NAME Falm Chierles Wehands	l'antiche of disease
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Wella Myalo 16. BIRTHPLACE (city er town)	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city er town)	Accident, sulcide, or homicide?
(State or country) Iff Thillie	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MANUAL CHEYANDER (Address) 220 Joseph) Sent Olive Turner 1	Spenify whether injory occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plece Zelos Miglia Date JMM 16 1936	Neture of injury
19. UNDERTAKER (Address)	24. Was disease or Injury In any way releted to occupation of deceased?
20. FILED July 23, 1936 Splace Down Registrar.	(Signed) Flood M. D. (Address) 1301 The form
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I Example II		Example II	11	
The principal cause of death and related causes of importance were as follows: E V E D	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR FURTHER	RSTATEMENTS	BY PHYSICIAN	
	100 mm			
		-118		

TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—V

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County Prince George's County	Registration Dist. No. 245
7	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Candace Elvira Blunt (a) Residence: No. 4441 Prospect ave (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH (Month) (Dey) (Year)
5a. II marriad, widowed, or divorced HUSBAND of (or) WIFE of Forrest Blunt	22. HEREBY CERTIFY. Thet I attended deceased Iron 1932 to July 10, 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 LESS than 1 day,hrs.	to have occurred on the date stated above, a P.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trada profession or particular	wera as follows: Date of oneet
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	of breast with 5-13
10. Date deceesed lest worked at this occupation (month and year)	Other Coutributory Causes of importance:
(State or country)	
置 13. NAME Aaron Miltimore	
14. BIRTHPLACE (city or town). Canada	Name of operation Data of
(State of country)	What tast confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Faye 16. BIRTHPLACE (city or town) Canada (State or country) 17. INFORMANT Forrest Blunt	23. Il deeth was due to external causes (VIOLENCE) fill in also tha Tollowing: Accident, suicide, or homicida?
18. BURIAL, CREMATION, OR REMOVAL Md. Place Mardella Surgesta July 11/., 1936	Manner ol injury
19. UNDERTAKER F. Jaschi Sons (Address) Examille m d	24. Was diseasa or injury in any way related to occupation of decaased? 11 so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH.	
County Prince 9eares	Registration Dist. No. 242
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Λ'0'	os. now long in 0.5.11 of foraign birth?yrsus
(a) Residence: No. Capata Needta (Usual place of allode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Day) (Yaer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Sala Borling	22. HEREBY CERTIFY, That I attended deceesad from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last sew h aliva on aliva on last sew h aliva on last sew h last sew h aliva on last sew h last s
62 2 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8 Trade, piofession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.	arthitis alegonnous.
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occuration (month end	
this occupation (month end 925 spant in this occupation	Other Contributory Causes of Importanca:
(State or country) 13. NAME Charles 14. BIRTHPLACE (city or town)	- sethalitis deformans a Rew G. T.
(State or country)	Name of operation Date of What test confirmed diagnosls? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	23. If deeth was dua to external causes (VIOLENCE) fill In also tha following: Accident, suicide, or homicide?
17. INFORMANT Charles Golden	Where did injury occur? (Specify city or town, county and State) Specify whather Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR FEMOVAL Out Place addison Chapeloete July 13, 19.36	Manner of Injury
19. UNDERTAKER W. W. Deal (Address) 8/6-14-24-8	24. Was diseasa or injury In any wey related to occupation of deceased? https://doi.org/10.1001/10.100
20. FILEO July 12', 1936 Grace Slow	(Signed) and Annual MI

If more blafiks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDING MARGIN RESERVED N. B.—WRITE PLAIN

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitid nephritis - VEL	1921	Run over by street car	1 week ago
Cerebral hemorrhade	July 5,1927	Peritonitis	3 days ago
Other contributory rauses of importance:		Other contributery gauge of impact	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92:0)
County drygorges.	Registration Dist, No. 245
Village or City Zast liverdolo	No Lantiam Riverdile OO, St. Ward
(If	death occurred in a hospital or iostitution, give its NAME instead of street and number)
Length of residence in etty or town where death occurred 12 frsmos.	ds. How long in U. S. if of foreign birth?yrsmos ds.
2. FULL NAME Damuel Fraghry La	there Solvell
(a) Residence: No. Zarl-Mirradalo & mol	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
DERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR FOR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH JULY ID 1936
mak White married	(Month) (Day) (Yaar)
5a. If mairiad, widowed, or divorced HUSBANO of Or) WIFE of	22. AL HEREBY CERTIFY. That I attanded deceased from
france fuche Topwell	Jum 1935, 10 July 1936
6. DATE OF BIRTH (month, day, and year) Apr 11-1909	liast saw ham alive on July 10
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1155 m R.M.
26 8 29 or min.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importanca ware as follows:
Z & reade, profession, or particular	Enlarced HEart & Leakel
SAWYER, BOOKKEEPER, etc. Dorvice Ita Manuel	Valvas T
Mand of work done, os SPINNER, SOTOCE Ta Manuay SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	· · · · · · · · · · · · · · · · · · ·
10. Date deceased last worked at this occupation (month and 1924) Spent in this occupation between the second seco	
Visit to - Va.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / TVWV/ JAMU / V (C) (State ar country)	Fron- Condition organ
	Theory of his 1092
E TO Bigle Ma Va	mona miggs
14. BIRTHPLACE (city or town) The Country (Stata or country)	Name of operation
	What tast confirmed diagnosis? Was thara an autopsy?
E Condition of	23. If death was dua to axternal causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
16. BIRTHPLACE (city or town) Tysaughtun O Y U. (State or country)	Where did injury occur?
Testhera	(Specify city or town, county and Stale) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Addrass)	· · · · · · · · · · · · · · · · · · ·
18. BURIAL, CREMATION, OR BEMOVAL	Mannar of injury
Piace It : Lincoln No. July 12 19 36	Nature of injury
4. of All for	24. Was disease or injury in any way related to occupation of dacaasad?
19. UNDERTAKER Jacks (Address)	if so, specify
O Park 1	(Signed) /4 / Les M.D.
20. FILED Registrar.	(Address) hwindale Ind:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully cinployed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	Jady 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

pills	per-		-6
7	6 -	. /	
1	.)	7	- 6
-		Proof	A

1. PLACE OF PEATH	(23)
County Trusce Georges	Registration Dist. No. 23/
Village or City Bladenslow	No. 23 Balt, Pile St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Congili of residence in city of town where death occurred 200 yrs.	
2. FULL NAME James Gugnetie Iro	If U. S. Veteran, specify WAR
(a) Residence: No. (Osual place of about)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	July 2/ 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, Thet I ettended deceased from
140 010	July 6 , 1936, to July 2/ , 1936
6. DATE OF BIRTH (month, day, and year) Mar 15, 1910	lest saw (Line alive on Jacobs 12 19 36; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 6:00 p.m.
26 4 5 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Rade, profession, or particular kind of work done, as SPINNER,	Perlumany Suberculous MAR 1936
SAWYER, BODKKEEPER, etc	
9 Andustry or business in which work wes done, as SILK MILL,	(acute preumone fifotics)
Nind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	
this occupation (month and 4 week spent in this occupation	
and the second	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	TRESTINA
13, NAME The adian & Banese	
E /LUCOUCOUC	Neme of operation Dete of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there en autopsy?
E 15. MAIOEN NAME	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
E amount	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
Me d'an Realise	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT (Address)	Specify whether injury occurred in the bost kit, in nome, of in robelt reace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place MI Carmel Marcos Date, 19.36	Nature of injury
20 127	24. Wes disease or injury in any way releted to occupation of deceased?
19. UNDERTAKER De Garage Garage (Address)	If so, specify
Deadust with the	(Signed) N. M. Spiller M.D.
20, FILED July 23, 1926 Heley Of Land	(Address) Brantiton, my.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Alla 14	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V	July 5,1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	46
Gallstones	May 1,1923	Gastroenleritis	1 year

of OCCUPA-

1. PLACE OF DEATH	
County Prince George Registration Dist. No. 008	
Village or City woods Come No. St.,	Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurredyrsmosds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Ames Bunes 13 11 U. S. Veteran, specify WAR	
(a) Residence: No. 1 Communication St., Ward.	
(Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	_
male white OR DIVORCED (write the word) (Month) (Oay) (Yei	?
5a. If married, widowed, or divorced HUSBANO of	
(d) WIFE 01	Trom
6. DATE OF BIRTH (month, day, and year) Oct 25-1931 Lest saw h alive on	is said
7. AGE Years Months Deys If LESS then to have occurred on the date stated above, at 2. P. m.	
The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	
8 Trade profession or particular	onset
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased lest worked at this occupation (month and spent in this	
year) occupation Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	
13. NAME 9 3. allen Burch	
13. NAME 95. Cellen Burch 14. BIRTHPLACE (city or town)	
(Stete or country) What test confirmed diegnosis? Was there an autopsy?.	
15. MAIDEN NAME Way & Wassau 23. If deeth was due to externel ceuses (VIOLENCE) fill In also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Accident, suicide, or homicide? Accident, suicide, or homicide?	36
Where did injury occur?	huy
17. INFORMANT 300 allew Busch Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.	
19 PHIDIAL CREMATION OF REMOVAL	
Place Clisator Mcl. Oate 4-24, 1936 Nature of injury Free Party Pa	~
19. UNDERTAKE Thomas & Munauolos 24. Was disease or injury in eny wey related to occupation of deceased?	
(Affress) Washington of I Iso, specify James It. Laterier J. F.	
20. FILEPH 73 , 15 6 Kley N Tuena (Signed) June 3	_M. O.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related confimportance were as follows:	auses	Date of onset
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	à l	3 days ago
LIDEAU V. S.			1	
Other contributory causes of importance:		Other contributory causes of importance:	1	
Gallstones	May 1,1923	Gastroenteritis	10	1 year
			1	

1. PLACE OF DEATH County Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and nutlength of residence in city or town where deeth occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write-the word) 5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of 2. If merried, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, dey, and yeer) PERSONAL AND STATISTICAL PARTICULARS 1. If merried, widowed, or divorced (Month) (Month) (Day) 1. If REBY CERTIFY, Thet Pattended de (Day) 1. If Residence in city or town and State and nutle in the control of the control of the city or town and State and nutle in the control of the control of the city or town and State and nutle in the control of th	0
Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and nutlength of residence in city or town where deeth occurred	
(If death occurred in a hospital or institution, give its NAME instead of street and number of residence in city or town where deeth occurred yrs, mos. ds. How long in U. S. If of foreign birth? yrs. mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of 21. DATE OF DEATH 22. I HEREBY CERTIFY, Thet attended de 19. 19. 10.	0
Length of residence in city or town where deeth occurred yrs mos. ds. How long in U.S. If of foreign birth? yrs mos. 2. FULL NAME	War
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of (Mo) th) (Mo) th) (Day) 22. I HEREBY CERTIFY, Thet lattended de	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of (Mo) th) (Mo) th) (Day) 22. I HEREBY CERTIFY, Thet lattended de	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of (Worth) 1. DATE OF DEATH (Mogth) (Mogth) (Day) 22. I HEREBY CERTIFY, Thet Lattended de	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of 21. DATE OF DEATH (Mogth) (Day) 22. I HEREBY CERTIFY, Thet Lattended de 19 19 19 19 19 19 19 19 19 19 19 19 19	ale
Description of the Company of the Co	
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of (Mogth) (Day) 22. I HEREBY CERTIFY, Thet Lattended de	
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of 22. I HEREBY CERTIFY, Thet lattended de , 19, to	93 6
(or) WIFE of	(1001)
Very 0 - 19.4 B New	ceesed from
6 DATE OF PIPTH (month day and year)	_, 19
	death Is sei
7. AGE Yeers Months Deys If LESS than to have occurred on the date steted above, et. 2 m. 1 dey,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance.	
ormin. were as follows:	Date of onse
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc	
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
U 10. Oate deceased last worked at 11. Total time (years)	
yeer) occupation	
Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town) (State or country)	
13. NAME GOS. allen Buch	
13. NAME 960. Cellen Busch 14. BIRTHPLACE (city or town) Neme of operation. Oete of	
14. BIRTHPLACE (city or town) Oete of Octave or country)	
What test confirmed diagnosis? West here en aul	opsy!
25. It death was due to external cause (VIOLEBLE) int it also the [Dilowing:	230
2 16. BIRTHPLACE (city or town) Date of injury (Stete or country) Accident, suicide, or homicide? Date of injury occur? Where did injury occur?	, 19
(Specify city or town, county and State)	
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address)	Ł.
18. BURIAL, CREMATION, OR REMOVAL	ACO.
Place Churton Med Date 7/24, 1936 Neture of injury Translated Aller	0
the man of man and and and and and and and and and a	
19. UNDERTAKES TO Mas J. Milliagraph 24. Was disease or injury in eny way releted to occupetion of deceased? If so, specify James J. Aatones J. C.	
(Signed) (Signed) (Signed)	
20. FILED MU , 19 . Chilly Turible (Signed) - (Address) + Registrar. (Address) + Restable	~
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.	M.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

Every item of infor-

of OCCUPA-

pay	-	2	
6	0	2	

1-PLACE OF LATATION	_ @
County V. Lionge	Registration Dist. No. 239
Village or City Jame (Mo. No.	St.,Ward
	a hospital or institution, give its NAME instead of street and number) ow long in U.S. if of foreign birth?mosds.
13 (6 - 1	
1 a The	f U. S. Veteran, specify WAR
(a) Residence: No. St., (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 21. DATE	OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of 22.	HEREBY CERTIFY. Thetal ettended decessed from
(or) WIFE of	4 193 6 10 7/6 193 6
6. DATE OF BIRTH (month, day, end year) 7 - 6 - 3 6 liast sew h	time on 7/4 193.4 : deeth is said
7. AGE Years Months Days If LESS than to have occurre	ed on the date stated above, et 4 m.
Stiller ornin. The PRINCIPA	L CAUSE OF DEATH end related causes of importence
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this progration (month end	sternal nightilis 1935
9. Industry or business in which work was done, as SILK MILL.	2
work was done, as SILK MILL, SAW MILL, BANK, etc	unaterity 6mo.
10. Date deceased last worked et this occupetion (month end year)	Files
P. C Contribu	stery Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	•••••••••••••••••••••••••••••••••••••••
	No.
	tion
	due to external causes (VIOLENCE) fill In elso the following:
	de, or homicide?
∑ (State or country) Where did inju	ry occur?
17. INFORMANT Sharles Mathins. Specify whether	(Specify city or town, county and State) er injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	ry
Plece Doute Myd. Dete 7 193 Neture of injur	
19. UNDERTAKER ME MANUE CARACTER 24. Was disease (Address) time and If so, specify	or injury In any way related to occupation of deceased? Mo
20. FILEBRILLY 7, 136 M. 6 Drasheare (Signed)	ddress) Laurel M.D.
If more blanks are needed, address State Registrar, 2411 N. Charles S	

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago DINDEAN V. Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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		40	cortificat	90	ON is yory important Soo instructions on book of sortificate	· ZC
UP	of occ	y classified. Exact statement	properly	pe	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP	USE
st	pluods	EXACTLY. PHYSICIANS	stated	þe	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st.	tion
H	rem or	ENMANGINI NECOND. Every	T TO CT C		THE LEMINES, WITH CHEADING INK IND IS A FERMANENT RECORD, EVERY HEM OF THE	TTTT

17. INFORMANT (Address)

19. UNDERTAK

1,

STATE O)F	MARYLAND-	-CERTIFICA	ATE	OF	DEATH
---------	----	-----------	------------	-----	----	-------

PLACE OF DEATH	82.50	110
County Frince Georges	No. Lawel Facularium (If death occurred in a horpital or institution, give its NAME instead of	239
Village or City Laurel	No. Laurel Fanitarium	St. War
	(If death occurred in a hospital or institution, give its NAME instead of	street and number)
Length of residence In city or town where death occurred	10 yrs, 9 mos. 29 ds. How long in U.S. if of foreign blrth? yrs.	mosd

	Length of residence In city or	town where d	eath occurred	19_yrs,_3mos	.29ds. How long in U.S	if of foreign birth?	yrs	mosds.
:	2. FULL NAME	Agnes C	anfield					
	(a) Residence: No.	106 Noo	dland Ro (Usual place	ad of abode)	St.,Ward.	Raltimore If nonresident	give city or town an	d State
	PERSONAL AND	STATISTI	CAL PARTI	CULARS	MEDICAL	CERTIFICATE	OF DEATH	
3.	Female Whit		5. SINGLE, MAR OR DIVORCE Single	RIED, WIDOWED, D (write the word)	21. DATE OF DEAT	H 13, 1936	(Dey)	, 193
5e.	. If merried, widowed, or divorced HUSBAND of (or) WIFE of				asscululy 12	BY CERTIF	Y, Thet I ettended	d deceesed from
	DATE OF BIRTH (month, day, and		· ·		I last saw her elive on			; deeth is said
7.	AGE Years 76	Months 5	Days	If LESS than I dey,hrs. ormin.	to have occurred on the date: The PRINCIPAL CAUSE OF D were as follows:			1
NOI	8. Trede, profession, or particu kind of work done, as S SAWYER, BOOKKEEPER,	PINNER.	Housewo	rk		***************************************		Date of oneet
OCCUPATION	9. Industry or business in white work wes done, as SILK SAW MILL, BANK, etc	MILL.			Cerebral Hemon	rhage		July 12
000	10. Oate deceased last worked this occupetion (month a year)	nd		ime (years) nt in this upation				
12.	. BIRTHPLACE (city or town)	Baltim			Other Contributory Causes of i		• • • • • • • • • • • • • • • • • • • •	
-	(State or country)				Senile Fsychos			
TER	13. NAME William	B. Can	field		General Arteri	o-sclerosis	3	
FATHER	14. BIRTHPLACE (city or town)_ (State or country)	Tes Co	t Haddam		Name of operation		Oate of	

Virginia DeCormis MOTHER 15. MAIDEN NAME

Decal Registrar.

Hospital Records

23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) NOTTOLK Accident, sulcide, or homlolde?______ Oate of injury_____, 19_____ (State or country) Where did injury occur?_____

(Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.

Menner of Injury

Nature of injury 24. Was disease or Injury In any way related to occupation of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG & 1006	July 5,1927	Peritonitis	3 days ago
	BUREAU V S			•
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis •	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7526
1. PLACE OF DEATH	
County Parice Georges	Registration Dist. No. 245
Village or City Head sale Und	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME bellie brag blant ton	If U. S. Veteran, specify WAR
(a) Residence: Np. 3 1 Toulslin (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If married widowed or divorced.	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of Charles Charles Charles	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 4th 1875	l lest sew h - Ra alive on July 20 , 1936; death is seith
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et
I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Carcin and of Bust
9. Industry or business in which	with Unitarious to
SAW MILL, BANK, etc	Spinal Column Rt.
Spent III this	Scuffeel - 8 Liver.
12. BIRTHPLACE (city or town) Philadelphia	Other Coatributory Causes of importance:
(State or country)	4
13. NAME William of Drawid	
13. NAME Solution of Brained 14. BIRTHPLACE (city or town) (State of country) Lightness (State of country)	Name of operation Roseical Book and Continuous pate of 3 19:
15. MAIDEN Warry Torus Putchard	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN LAND Joruse Putchard 16. BIRTHPLACE (city or town) January P. January	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Pauguar Co	Where did injury occur?
17. INFORMADIN Bustan Scharton (Address) 3/ Franklin st	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVED - 0 0 75 21	Manner of injury
Place of fundade ful 12, 1906	Nature of injury
19. UNDERTAKO A Junhous Co	24. Wes disease or injury in any way releted to occupation of deceased?
	If so, specify (Signed)
20. FILEDTULY 21., 1936 Mo ao Devere	(Address) Heya Harrello Lud.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: 5 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis URFAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7527
1. PLACE OF DEATH	9
County Prince Leorge	Registration Dist. No. 242
Village or City of airmount Heights	No. 5 White are St., Ward
Length of residence in city or town where death occurred 3 yrs. 2 mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Robert Clark	If U. S. Veteran, specify WAR
(a) Residence: No. 5 White are	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7-6-8932	lest saw h. Lans alive on July 15, 1936; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3:000 cm.
7 10 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Brousho proumou 7-2-36
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Washington, DC. (Stete or country)	Other Contributory Causes of importance:
# 13. NAME augustine Clark	
14. BIRTHPLACE (city or town) surflame, mode.	Name of operation
	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?, 19, Where dld Injury occur?
17. INFORMANT Quantine Clarke (Address) January wings mg	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place Weshington Date 7- 16, 1936	Manner of injury
19. UNDERTAKER Newy J Wushington	24. Was disease or injury in eny way related to occupation of decaased?
(Address) 4670 Matrices	(Signed) Harrison C. Beldon M. D.
20. FILED JULY 12 , 1900 Shall New Registrar.	(Address) fairmout dealto mil

If more blanks are neglied, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 wcck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

MARGIN RESERVED

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	,	(23)	2
County True	Mis	Registration Dist. No.	Vd
Village or City VI STW	the ma	No. St., Il death occurred in a horpital or institution, give its NAME instead of street and	War
Length of residence in city of town where death			
2. FULL NAME Laures	a Duckei	4	
(a) Residence; No.	(Usual place of abode)	St., Ward. Il nonresident give city or town and	l State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 6 (Year)
5a If married, widowed, or divorced HUSBAND of (or) WIFE of William A	uckett	22. I HEREBY CERTIFY, That I attended all 29 1936, to July 29	
6. DATE OF BIRTH (month, day, end year)	1912	I last saw holes alive on July 29 , 193 (; death is sa
7. AGE Years Months 2 4	Days If LESS than 1 day, hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	usewfr	In her enloses	Oate of onse
9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc	·		-
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) / LSJ	god md	Other Coutributory Causes of importance:	
13. NAME / hamps Pi	skues		
13. NAME MAME 14. BIRTHPLACE (city or town) (State or country)	mond	Name of operation Date of What test confirmed diagnosis? Was there an a	autonsv?
15. MAIDEN NAME Mathe	Knnes	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	twood	Accident, suicide, or homicide? Date of Injury	, 19
(State or country) 17. INFORMANT (Address)	ustryen y	Where did Injury occur?	te) ACE.
18. BURIAL, CREMATION OF REMOVAL OF	at 1 , 1936	Manner of injury	
19. UNDERTAKER A J D/Za (Address)	mes	24. Was disease or injury In any way related to occupation of deceased?	no
20. FILED July 31/36 Sprns	est W. Farner	(Signed) William It, Tubby	۱۹. M.
If more blank	ks are needed, address State Registrar,	, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and replaced causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	13
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

(M)	HEALTH DEPARTMENT	
item of S should ement of	1. PLACE OF DEATH Prince SEERTIFICATE	TE OF DEATH Registered No. 23 2
lAN IAN stat	CITY OF BALLIMORE. (No. 11461)	Ward) a hospital or institution, give its NAME instead of street and number.)
ECORD, E PHYSIC Ed. Exact	2. FULL NAME	.moads. How long in U. S. If of foreign birth?yrsmosds. If U. S. Veteran specify WAR
E.S.	(a) Residence: No. Application (Josual place of abode)	St., Ward. (1f non-resident give city or town and State)
NENT EXAC rly cld ificate	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (white the word)	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day, year) 22. I HEREBY CERTIFY. That I attended deceased from
PERM stated e prope of cer	5a. If married, widowed, or divorced HUSBAND of (or) WIFF of	22. I HEREBY CERTIFY, That I allended deceased from hely 16, 1916, to hely 26, 1936. Death is said
A A Belay belay back	6. DATE OF BIRTH (month, day, year) Jan. 221928	The principal cause of death and related causes of
it it so	7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	importance were as follows: Detectionset Report R
INK—THI d. AGE s is, so that instruction	kind of work done, as spinner, sawyer, bookkeeper, etc	
ING pplie ferir See	saw mili, bank, etc. 10. Date deceased last worked at this occupation (month and year). 11. Total time (years) spent in this occupation.	Other contributory causes of importance:
NF NF Ant	12. BIRTHPLACE (city or town) uffer fullax. (State or country)	Was an operation performed? Date of For what disease or injury?
TITH UI	13. NAME 14. BIRTHPLACE (city or town)	Name of operation
VLY ould OF D is ve	15. MAIDEN NAME Framil Diggs	23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?
PLAIN tion sh Aleke ATION	16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
WRITE informa state C. OCCUP	(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
B.— ii.	Place Miller Date 19. 1934	Nature of Injury
Zi (To	(Address) 28 586 Caro South	(Signed) Bank & Van Hollow M. D. (Address) Banking DC HH
	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I Example II The principal cause of death and related Date of onset The principal cause of death and related Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial hephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 dans ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1, 1923 Gastroenteritis 1 wear

V. S. Mo. 1

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	7531
County Since Leagle	Registration Dist. No. 240
Village or City Chelleuleur	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME / Tarry / Treund	1 P A
(a) Residence: No. 42 14 . Il Coll 2010 (Usual place of abode)	St., Ward. Was hunger De ! V
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married Married	21. DATE OF DEATH (Month) (0ay) (193. (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chuna 2.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Moh 9, 1875	, 19 , to , 19 , 19
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1 am
6 d d d d d d d d d d d d d d d d d d d	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9: Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month and this corporation from this corporation from the same time this security in this security in this security in this security in the same time this security in this security in this security in this security in the same time this security in this security in this security in the same time time time time time time time ti	A This man, of visitor, fied ju led, Data of onset
9: Industry or business in which	but home historic Too
work was done, as SILK MILL, SAW MILL, BANK, atc	desil with a heart
10. Data deceased last worked at this occupation (month and 436 spant in this occupation	affection,
12. BIRTHPLACE (city or town) Washinglan (State or country)	Other Contributory Causes of importance:
	Mo faither informations Qui & B.
13. NAME THEOLISK Freund 14. BIRTHPLACE (city or town) Washing for	Thypician saw patient, after death.
(State or country)	Name of operation
	What test confirmed diagnosis?
I what I want	23. Il death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) - Start Constant	Accident, suicide, or homicide?
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT TURNED TOLING	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Wash : 0 - C Oate 4/19 , 1956	Nature of injury
19. UNDERTAKER Thas I suggest to (Address)	24. Was disease or miny in can way related to occupation of deceased?
20. FILED July 19., 192 Mis. J. A. Smith. Registrar.	(Signed) William It of by searonni
V Local Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related ranses of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onsel	
Combal harman has 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT I	mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7532
1. PLACE OF DEATH	942
County Princes Learges	Registration Dist. No. 246
Village or City MM Raining	NoSt Ward
Length of residence In city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
(a) Residence: No. 3224 - 335414	St. Ward.
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variethe word) 5a. 1f married, widowad, or divorced)	21. DATE OF DEATH (Mope) (Der) (Yaar)
HUSBAND of (or) WIFE of Clice Jover	22. HEREBY CERTIFY, That I attended deceased them.
6. DATE OF BIRTH (month, day, and year) Oct // 1889	I last saw h fan dew am uly 1619 34; deeth is said
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, et
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Coronary sclerosio 7/16/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	
O To Date deceased last worked at this occupation (month and spant in this occupation occupation occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importanca:
13. NAME Edward Forer	
13. NAME Ectuard Sover 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Sessel Hover Tolgon (day (Address 3) 24-3312 St. Mt Rainin Mo	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMITION OR REMOVAL Place CLAN VILL Date July 20, 1936	Manner of injury
19. UNDERTAKER WWW. Chambers for Address 5/7-11-54 X Ex 550 DJ	24. Was disease or injury In any way related to occupation of deceasad?
20. FILEDY/17 136 /km hally fye & Registrar.	(Signed) (Signed) (Address) Or the Ralinles 1 ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1923	Gastroenteritis	1 year

ADDITIONAL	SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Every item of infor-

of OCCUPA-

Exact statement

classified.

properly

certificate.

jo

See instructions on back

TION is very important.

CAUSE OF DEATH in plain terms, so that it may

-WRITE

m

V. S. No. 1

1. P

STATE OF MARYL	AND—CERTIFICATE OF DEATH	75
LACE OF DEATH County Prince George Village or City Cottage City	95-E) Registration Dist. No	13/
Village or City Cottage City	No. 111 Spa (If death occurred in a hospital or institution, give its NAME instead of	
Length of residence in city or town where death occurredyr		
ULL NAME Sarah L. Haynie	If U. S. Veteran, specify WAR	

Village or (city Cottage	e City		No. III Spa	St., Ward
	Camala T		yrsmos.	death occurred in a hospital or institution, give its NAME instead ofds. How long in U.S. if of foreign birth?yrs.	
2. FULL NA			; 	If U. S. Veteran, specify WAR	
(a) Resider	nce: No. 111 Sp	(Usual place	of abode)	St., Ward. If nonresident give city of	or town and State
PERSON	NAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF D	EATH
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MAR	RIED, WIDOWED. D-(write tha word)	21. DATE OF DEATH	, 193 (Yaar)
5a. If married, widow HUSBAND of (or) WIFE of	Tobias L.	Haynie		22. I HEREBY CERTIFY, Thet	
6. DATE OF BIRTH	(month, day, and year) No	ov 22, 1	.847	I (ast\saw h alive on	, 193 (; death is said
7. AGE Yes	ars Months 7	13	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at \$ 9.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance as follows:	
8. Treda, profe kind of SAWYER	ession, or particular work done, as SPINNER, R, BDDKKEEPER, atc	None		Carbon Delawor	5 000
work wa	business in which as done, as SILK MILL, LL, BANK, etc	~~&~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
1D. Data decease this occu	sed last worked at upation (month and	spa	ime (years) nt in this upation		
12. BIRTHPLACE (c				Dther Contributory Causes of importance:	
□ 13. NAME	James Craft	5		the Park	
14. BIRTHPLAC (State o	E (city or town)Maj	ryland		Name of operation	Date of
15. MAIDEN NA	AME Elizabeth	n Palmer	?	23. If death was dua to axternal causes (VIDLENCE) fill in elso t	
16. BIRTHPLAC	E (city or town)	ryland		Accident, suicide, or homicide? Dete of inj	
17. INFORMANT	Ruth Pumphre	ey (Daug	city.Md.	(Specify city or town, cou Specify whether injury occurred in INDUSTRY, in HDME, or in	

Francis Gasch's Bladensburg, Md Sons 19. UNDERTAKER

(Addrass) Registrar. Nature of injury.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Mannar of Injur

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SURPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

Chronic	weethral	stricture	and chronic	custities.	Prostate.	gland	was	removed. Februar	-
1932)	Duration	ton rea	re Cusa			0		G	7
		0	- امنعنی						-

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Cerebral hemorrhage	July 5, 1927	Peritonitis 250	3 days ago
		TO THE	
Other contributory causes of importance:		Other contributory causes of importance:	HIPS SE
Gallstones	May 1,1923		1 year

1 2 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA-	1. PLACE OF DEATH	7536
P 1	County Prysel Deorges	Registration Dist. No. 240
should of OCC	Village or City Grandy lowe (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
200 4	Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAME Mohard Umer It	ydl
CORD. Every PHYSICIANS oct statement	(a) Residence: No. Bar Oyuna (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T RE Y. Exa	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LULY 29 1936 (Year)
SS	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) July 2-1936	I last saw him alive on July 199 , 1936; death is said
d erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
IS A PE stated E properly certificate	July 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
HIS I be s be p of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Brands Message
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	Primary
VK-T should it may n back	SAW MILL, BANK, etc	
H may o	10. Date deceased last worked at this occupation (month and year)	
NFADING I	12. BIRTHPLACE (city or town) Drawdy work,	Other Contributory Canses of importance:
FAI ied. as, stru	(State or country)	
UNFAI supplied. n terms, ee instru	13. NAME Marles 19. 14 yale 14. BIRTHPLACE (city or town) Draway work	
	(State or country)	Name of operation Date of Was there an autopsy?
FE	15. MAIDEN NAME Ora King	23. If death was due to exteroal causes (VIOLENCE) fill in also the following:
. o c	16. BIRTHPLACE (city or town) Waldarf	Accident, suicide, or homicide?
INLY be car sATE	(State or counjry)	Where dld injury occur?(Specify city or town, county and State)
Should be car OF DEATH	17. INFORMANT Marles H H yde (Address) Franky with mo	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(a) (a) (b)	18. BURIAL, CREMATION OR REMOVAL Place Colorville, Modale July 30, 19.36	Manner of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER andrew Tringay	24. Was disease or injury in any way related to occupation of deceased?
B.	(Address) agraces, Ind.	If so, specify
z o	20. FILED July 30, 1886 - Thro. J. K. South	(Signed) (V Mary 11 V b b m b M. D (Address) A m m
(1)		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

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Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

Se. If married, widowed, or divorced HUSAND (Name) (Day) 193 (Vest) 22. IHEREBY CERTIFY. That I attended deceased from MILLS than I day, st. hrs. or min. 3. Trade, profession, or particular SAWYER, BOOKKEPPER etc. 3. Undustry or business in which work as one, as SIK MILL, SAW MILL, BANK, etc. 10. Other Geographic Country) 11. The PRINCIPAL CAUSE OF DEATH and related causes of importance where as follows: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Coline Beath of the state of	1. PLACE O			·ca		State of the same	1008
Langth of residence in city or lown where deeth occurred	County	nnce	George	121		Registration Dist. No.	
Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. (bussplace shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SIRGLE, MARRED, WIDOVED OR DIVORCED (**write the word) 5. If matric, widowed, or divorced HUSGARD O' (by) 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Veres Months 11 LESS than 1 day, -5 hirs. 1 d	Village or (city mite	hollville		in a horpital or instit		
(a) Residence: No. (Usual place of a bode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Se. If married, widowed, or divorced HUSAND of Corp. (Not) (1) If married, widowed, or divorced HUSAND of Corp. (Not) (1) If married, widowed, or divorced HUSAND of Corp. (Not) (1) If EST BIRTH (month, day, end yeer) (2) I HEREBY CERTIFY. That I attended deceased from 19.2 C. I HER	Length of res	Idence In city or town where					
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRID, WIDOWED, OR DIVORCED (write the word) 6. If married, widowed, or divorced HUSBAND of (c) Wilf of (c) W	2. FULL NA	ME Q	Mant Johnson	n			
3. SEX 3. COLOR OR RACE 3. SINGLE MARRIED, WIDOWED 3. If married, widowed, or divorced (cr) Wife of Set. If married, widowed, or divorced (cr) widowed, or	(a) Resider	nce: No.	(Usual place of abode)	St.,	Ward.	If nonresident give city or town	and State
Se. If married, widowed, or divorced (Waghin) (Day) 193 (Waghin) (Day) (Waghin) (Waghin) (Day) (Waghin) (Waghin) (Waghin) (Waghin) (Waghin) (Day) (Waghin)	PERSON	NAL AND STATIST	TICAL PARTICULARS		MEDICAL	CERTIFICATE OF DEATH	1
56. DATE OF BIRTH (month, day, end yeer) 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months Defs II LESS than I day, ##hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEPER, etc. 9. Houghtry or business in which work was one, as SPINNER, SAWER, BOOKKEPER, etc. 10. Tobal deceased lest worked at year) 11. Total time (yeers) particular kind of work done, as SPINNER, SAWER, BOOKKEPER, etc. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. Trade, profession, or particular kind of work done, as SPINNER, sawer, because of importance were as follows: 18. Trade, profession, or particular kind of work done, as SPINNER, sawer, because of importance were as follows: Date of longer Other Costributory Causes of importance: Other Costributory Causes of importance: Whet test confirmed diagnosis? When the country were the following: Accident, suicide, or formicide? Dete of injury Netwer did injury occurred in INDUSTRY, in IOME, or in PUBLIC PLACE. Menner of injury Netwer off injur	3. SEX	4. COLOR OR RACE		21. DATE	OF DEATH	July 11 (Marth) (Day)	, 193_(,
5. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months Date I LESS than I day,	HUSBAND of	wed, or divorced			Λ	A	
Note of country) Note of operation. Note o		1	Days II LESS than I day, 4-hrs.	to heve occur	rred on the date stel	July 11 0,193	6; deeth Is said
Stete or country Stete or country	8. Trade, profe kind of SAWYER 9. Industry or work wa SAW MI	R, BOOKKEEPER, etc business in which as done, es SILK MILL.		Cause	-Pu	malun	Uate of onset
(State or country) 13. NAME	year)	sed lest worked at upation (month end	II. Tolel time (yeers) spant In this occupation	Other Contri	butory Causes of imp	portence:	
Whet test confirmed diagnosis? Wes there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 71. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece (Address) 19. UNDERTAKER (Address) 20. FILED 21. INFORMANT (Address) 21. INFORMANT (Address) 22. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following: 23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following: 24. Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Menner of Injury Neture of injury 19. UNDERTAKER (Address) 24. Wes disease or injury In eny way related to occupetion of deceased? 15. MAIDEN NAME 26. Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 16. BIRTHPLACE (city or town) (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) Menner of Injury Neture of injury 26. Wes disease or injury In eny way related to occupetion of deceased? 16. Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Signed) (Signed) (Signed) (Signed) (Address) (Address)	(Stete or cou	ntry)	^ /				
15. MAIDEN NAME Coline Beatrice Diggs 16. BIRTHPLACE (cily or town) (Slate or country) The connection of Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Dete Dete Dete Puly 12., 19.36 Were did injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Menner of Injury Neture of injury Neture of injury 24. Wes disease or injury In eny way related to occupetion of deceased? If so, specify (Signed Address) (Signed Address) Address) Address) Address)	14. BIRTHPLACE	E (city or town)	ma.	-	retion	Dete o	
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Plece Norman Dete July 12., 19.36 19. UNDERTAKER Thron (Address) 24. Wes disease or injury In eny way related to occupetion of deceased? If so, specify (Signed Address) (Address) (Address) (Signed Address)	(Address)		elfile, md.			(Specify city or town, county and in INDUSTRY, In HOME, or In PUBLIC	State) PLACE,
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20. FILED Address) Address) Address)		Thomas	Johnson	24. Wes diseas	se or injury In eny		
	20. FILED. Jul			172	Address)	7 Shipps	LRMA

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1 N. B. of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7538
1. PLACE OF DEATH	
County Prince George	Registration Dist. No. 248
Village or City Anidal Md	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
6/20/11/7/	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clyabeth Vera Keef	If U.S. Veteran specify WAR.
(a) Residence: No. / (Listed WF.) (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MAJIRLED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (garing the word)	(Mgnt)) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Frank H. Kelfer	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) and 5, 1866	I last saw h. W. alive on 1930 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 A.m.
69 // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
9 Trade referring or auticular	Date of onset
SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SIIN MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this corporation from the same than the same than the same this corporation from the same this corporation from the same than the s	Ucute Cuedad Mellation 114 to
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	14:
10. Data deceased last worked at 11. Total tima (years)	Maries - Jys.
this occupation (month and spent in this yaar) ccupation ccupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importanca:
(State or country)	
13. NAME Saac Thomas	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AS STERLING Hagenbuck (Address) 7 (Tierce unt	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Managed Internal
Place Washington DG. Date July 7, 1936	Manner of injury
10 HUDERTANER N. W. Charlers Co.	24. Was disease or injury in any way related to occupation of deceasad?
19. UNDERTAKER 9/8 Cleveland are Christale, Md.	If so, specify
20. FILEDIA 4" 193/2 Massage Devere	(Signed) Maria Nesae M. D.
Registrar.	(Address) fry of of fale Tul
If more blanks are pecked, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the such general terms as "store," "factory." "mill," etc. State the particular kind of store, factory, mill. etc. soap factory, cotton mill, etc.

"laborer" when ecise statement

the exact occur in the perfer, pointer,

and a comerch nie a particular goods

promise the same and the same ation

Distinguish carefully the different the full descriptive tilled the full descriptive t chanical engineer, mining engineer, sta of the occupation can be secured. Do all machinist, etc. Distinguish carefully should be called a salesman and not a

Statement of cause of death.—Cana mode of dying, e. g., heart failure, asp As related causes, name earlier morb

of the principal cause. Under other com	The state of the s	. This
Example 1	Example II A. C.	
The principal cause of death and relate of importance were as follows:	ec'on eause of doub and medical	fonsat
Arteriosclerosis		eek ago
Chronic interstitial nephritis	and the state of t	rek ago
Cerebral hemorrhage		enys ago
10m Bis		
Other contributory causes of important	The factor of the same of the	
Gallstones	A material	· year

ADDITIONAL SE

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEAT

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cau of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1901	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
	Company Compan			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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8.-The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example II		
The principal cause of death and related causes of onset of importance were as follows:		S Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7541
1. PLACE OF DEATH	110)
County Prince Searge	Registration Dist. No. 2 49
Village or City fairmount Heights	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a normal or institution, give its INALVIC instead or street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jourses Im Ju	ead If U. S. Veteran, specify WAR World war
(a) Residence: ND. Tarmount Lenglity (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ceputhia M. Lucas	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Set 4. 99. 1894	I last saw have alive on July 90, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 7:30 A-m.
. 39 9 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
R Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Dagitalia Prisumaya 2 5-18-26
9. hadustry or business in which work was dona, as SILK MILL,) ()	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Hadustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Planney 5-20-41
this occupation (month and year) - 100 - 15 - 15 - 15 - 15 - 15 - 15 - 1	
arra o' T	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Produces W. Lucas	
13. NAME Codney W. Harris 14. BIRTHPLACE (city or town) Talks	Name of operation Date of
(State or country)	What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis?
15. MAIDEN NAME Cares Sprine	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME COMPANY 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?Date of Injury19
E (State or country) Jouden CO, Ja-	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ystles Lucas (unfo)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION DR REMOVAL	Manner of injury
Place Mushington N Date ale 70, 1936	Natura of Injury
19. UNDERTAKE Chas. F. Hickory	24. Was disease or injury In any way related to occupation of deceased?
(Address) 32 - n. West ON Majoria M	if so, specify
20, FILEDRILY 20, 19 86 Grace Your	(Signed) The Day Man Asset Indian M. D.
Defully Registrar.	(Address) The Manual Lagrange

Defully ! If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	Linear 191	

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County ormee Jerses	Registration Dist. No. 245
Village Dr City Prestructor	ND. Local Section of the No. Wallf death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred yrsmos	s. 7 ds. How long in U.S. if of foreign birth?mosd
2. FULL NAME Comos Like	If U. S. Veteran, specify WAR
(a) Residence: No. 4805 - 14 Sto. Tus (Usual place of abode)	St., Ward, Definition of the state of the st
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH uly 23 , 193 G (Year) (Year)
5a. If markied, widowed, or divorced HUSBAND of (or) WIFE of Unknown	22. I HEREBY CERTIFY Tool I ettended deceased fro
6. DATE OF BIRTH (month, day, and year) about 1850	lost saw have alive on fine 23, 1936; deeth is sa
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Date of one
10. Qate deceased lest worked at this occupetion (month and year)	
12. BIRTHPLACE (city or town). (State or country)	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external ceuses (VIDL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) 17. INFORMANT Samfary Record (Address)	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place ACT Date 7 - 7 - 1931	Manner of injury
19. UNDERTAKER WW Chamber &	24. Was disease or injury in any way releted to occupation of deceased? TO
20. FILEDULY 23, 1936 Maria Paren Resisted.	(Signed) (Signed) Softeladere M. (Address) 20/2-R. St. u.S. Wash S
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscicrosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis AUG 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be N. B.-WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7793
1. PLACE OF DEATH	@
County Prince Storge	Registration Dist. No. 2 3 /
Village or City Bladeus Furg M &	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. If U.S. Veteran specify WARA
(a) Residence: No. Lel A - Junto od. (Usual place of abode)	St., Ward. Af If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Mysuth) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attanged deceased from
6. DATE OF BIRTH (month, day, and year) July 8 19.36	I last saw h. first, allowen July 18 F., 1826 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, and stateff mo or with the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	by and its sites.
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date daceased last worked at this occupation (month and yaar)	Other Coutributory Causes of importanca:
12. BIRTHPLACE (city or town) Bladensharen (State or country)	
13. NAME Stolles MEdade	
13. NAME EVALUE ME dade 14. BIRTHPLACE (city or town) Bladewitz MC	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LEMME & Alstone 16. BIRTHPLACE (city or town) M. C.	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Solling M= dade (Address) Blackming md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Scale Survey M Date July 10-, 1936	Manner of Injury
19. UNDERTAKER 4 Gaselis Grand (Address) Physikalis m	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 10 (10 36 Helm Stacke Registrar.	(Signed) L. A. J. Berryllo
76 LI LI 1 1 11	NO. 1 C P.II P. CLOSS

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG 18 1026	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage RIBEAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		2
County France Jeange	Registration Dist. No.	
Village or City Types Warlboro, 2	Kd. No. St.	Ward
Length of residence In city or town where deeth occurred	(If death occurred in a horpital or institution, give its NAME instead of street and r	
2. FULL NAMES mma Daisy On	ens if U. S. Veteran, specify WAR	
(a) Residence: No. 71/hu marlhoro,	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	6
Ilmale while married	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended	deceased from
(a) wire of faller scott withs	June 25 , 1936, 10 July 1	1936
6. DATE OF BIRTH (month, day, end year) Oct. 27-1870	1 - 1/0	; death is seld
7. AGE Years Months Days If LESS than		
63 8 T ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were es follows:	Date of onset
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	Perelisal	
SAWYER, BODKKEEPER, etc. 9. Industry or business In which	- Hemarrhage,	
kind of work done, es SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed last worked et this occupation (month and	with (Rt soll of body	
10. Dete decessed last worked et this occupetion (month end spent in this	January Many	
yeer) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Inglishown, Ind.	general arterioselerois	unden
(State or codintry)		
13. NAME THE 14. BIRTHPLACE (city or town) FULL Storoly Jag of		
4. BIRTHPLACE (city or town) The Manual Transfer of Country)	Name of operation	
	Whet test confirmed diagnosis? Wes there an e	
E 11-11-1	23. If death was due to external causes (VIDL ENCE) fill In also the following Accident, suicide, or homicide? Date of injury	
O 16. BIRTHPLACE (city or town).	Where did Injury occur?	
17. INFORMATIONS Tarkesine Bushham	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL/	e) ACE.
(Address) Theful masterio, md.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Cally Trust and Date Trust 192	Nature of injury	
19. UNDERTAKED Status	24. Wes disease or injury in any way releted to occupation of deceesed?	ro-
(Address) Typher mastons, 1 md.	If so, specify	
20, FILED July 3 136/ Crus South	(Signed) Saul & Van Malla	M. D.
Registrar.	(Address) Lewing DE M	2.1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis ALIC 5 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
COLUMN TO SERVICE SERV			

ADDITIONAL	SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
	01 11011	010	I OMITTIE	DIZZILIMILITI	DI	TILIBICIAL

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

Date of onset

BINDING FOR RESERVED MARGIN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:	37-90	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Pri Deorges	Registration Dist. No. 2 40.
Village or City Draudy wome	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. NEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (verify the word)	21. DATE OF DEATH (Month) (Oav) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Pril 5-1936 7. AGE Years Months Qays If IESS than	I last saw her alive on Inly 4 19.3 6; death is said
1 day,	to have occurred on the date stated above, atn. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A , D
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Proncho Ineumonia
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Influstry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) occupation	The bronchafolumonia was primary. Duration : not stated . Cuff.
12. BIRTHPLACE (city or town) Branky wine (State or country)	Other Coutributery Causes of importance:
Ta. t	
Y 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME VILLE TALASMITE 16. BIRTHPLACE (city or town) Washes DR d	Accident, suicide, or homicide? Date of Injury 19
(State or country)	Where did injury occur?
17. INFORMANT Some Andrews (Address) Branda (19m2	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Cerdarolle Ma Oate July 6-, 19-36	Nature of injury
19. UNDERTAKER A. J. Seimes (Address) A schaase md	24. Was disease or injury In any way related to occupation of deceased? 20
20. FILEO July 5 , 10 to Mis. J. N. Smith. Registrar.	(Signed) Villemung 1, 1 h b pm M. D. (Address) rd am md
11 11 11 11 11 11 11 11 11 11 11 11 11	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

MERN

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Arterioselerosis	915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis WINDALL V S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	IN
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item of infor-	state UPA.		1	. PLACE OF				
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ite	0	1		Village of G	ily			
Every	NS ant		1	Length of resid		y or town when		
Ev	CIANS		2	. FULL NA	ME.	ynn Ne	ewtc	on Si
IS A PERMANENT RECORD.	YSI			(a) Residence	ce: No	Colle	ge I	ark (Usuaipi
S	. PH Exact			PERSON	AL AN	D STATIS	TICA	L PAR
RE	Y. Ex			SEX		R OR RACE		INGLE, M
LZ	-			Male	Whi			Mari
NE	CT L		5a.	If married, widowe HUSBAND of	ed, or divo	rcad		
MA	X A C		_	(or) WHTE-of	Nola	Sherr	nan	
ER	stated EXACTI properly classified.	te.	6. [DATE OF BIRTH (month, day	, and year) J1	uly	17,
1 P	ed	fical	7. /	AGE Year	rs	Months		Days
S	stated proper]	certificate		44		11		23
ISI	be s be p	of ce	NO	8. Frada, profes	sion, or pa	rticular as SPINNER, S PER, etc	Stat	ion
TH			OCCUPATION	9. Industry or 1	business in	which]	Emro I	love
Y	hould	pa	CUF	9. Industry or 1 work was SAW MIL	L, BANK, e	tc	B.&.	O R
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16	AG]	ons						
UNFADING INK-THIS	0,0	See instructions on back	12.	BIRTHPLACE (cit (State or coun	y or town). itry)	STE	antc	on ve
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	up	e i	FATHER	14. BIRTHPLACE	(city or to	wn) Vi	rgir	ia
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WITH	full n p	nt.	1ER	15. MAIDEN NAI	ME I	ula Re	ebec	ca
WRITE PLAINLY,		very important.	MOTHER	16. BIRTHPLACE		wn) Wes	st V	irg
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(A)	Id	y i	17.	INFORMANT		la She		
P	should OF DI	ver	18.	(Address) BURIAL CREMAT	ION, OR R	ollege	3 F8	Jı
TE	n SE			Place	odb1r	e Md.	Da	J ₹
VR	mation s	TON		HAIDONY	F. G	asch's	s So	ns.
P	EO	F	19.	UNDERTAKER		Hvatts	SVil	Te

7547

1. PLACE C	OF DEATH			46-6		
County	Prince Georg	ge's Con	unty	Registration Dist. No. 2	30	
	City College Pa		(1f	ND. St., death occurred in a hospital or institution, give its NAME instead of street a	Ward	
Length of re				ds. How long in U.S. if of foreign birth?yrs	mosds.	
2. FULL NA	AME Lynn New	wton She	erman	If U. S. Veteran, specify WAR		
(a) Reside	nce: No. Colleg	e Park I		St., Ward. If nonresident give city or town	and State	
PERSO	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	1	
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Marr	RRIED, WIDOWED, D (write tha word)	21. DATE OF DEATH July 9, 1936 (Month) (Day)	, 193	
5a. If married, wido HUSBAND of (or) WHTE of	wed, or divorced Nola Sherms	an		22. I HEREBY CERTIFY That I attended to the state of the		
6. DATE OF BIRTH	(month, day, and year) Ju.	ly 17,	1892.	I last saw h the alive on July 7, 19	death is said	
	ears Months	Days	If LESS than	to have occurred on the date stated abova, at		
44	11	23	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
9. Industry or work w SAW M 10. Date dacea this occ year) _	ised last worked at cupation (Tonks 19.	nployed & O Ra	by ilroad Co time (years) not in this 23 upation	Capelinoma glasusona Calm Other Contributory Causes of importance:	2 141	
(State or co		on Charm	202			
T	George Newto		llaui	C	0	
14. BIRTHPLAC	CE (city or town) Vir	ginia	*************	Name of operation Gaecoforus Date of What test confirmed diagnosis? Was there	11	
15. MAIDEN N	AME Lula Rel	oecca Co	ollins	23. If death was due to external causes (VIOL ENCE) fill in also the follo		
	CE (city or town) West	t Virgin	nia	Accident, suicida, or homicida? Date of injury, 19 Whare did injury occur?		
17. INFORMANT (Address)	Nola She: College		1.	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.	
18. BURIAL, CREMA WO Place	odbine Md.	Ju]	ly 11, 36	Manner of injury		
19. UNDERTAKER _ (Addrass)	F. Gasch's Hyatts	Sons. Ville Ma	aryland	24. Was disease or Injury In any way related to occupation of deceased? if so, specify	No	
20. FILED Jul	4 9, 1936	hue D.	Suith Registrar.	(Signed) Derwyn	M. D.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	di 3 1927	Peritonitis	3 days ago
78	nn		
Other contributory causes of importance!		Other contributory causes of importance:	
Gallstones	1,1923	Gastroenteritis	1 year
	V		

MARGIN RESERVED FOR BINDING	. BWRITE PLA LY, WITH UNFADING INK-THIS IS A PERMANENT R. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
S. No. 1	BWRITE PLA LY, WITH UNF	mation should be carefully suppli	CAUSE OF DEATH in plain term	TION is very important. See ins

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	m 2 1348
county Prince Levyes	Registration Dist. No.
Village or City & relief to	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Margaret Estable.	howden
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
- evloved single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	THE PERMITTER THAT IS A STATE OF THE PERMITTER THE PERMITTER THAT IS A STATE OF THE PERMITTER THE PERMITTER THE PERMITTER THAT IS A STATE OF THE PERMITTER THE PERMITTER THE PERMITTER THE PERMITTER T
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
S DATE OF RIPTH (month day and year) July / 1536	0 7 1 2 131
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 5.7.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows: Date of onset
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kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Janation John 183
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	
12. BIRTHPLACE (city or town) Collington	Other Contributory Causes of importance:
(State or country)	
13. NAME William Lee Inowle	
13. NAME Walliam Lee Anowle 14. BIRTHPLACE (city or town) Colling to	Name of operation
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Lever Comptell	23. If death was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town) Wordmore	Accident, suicide, or homicide? Date of Injury, 19
[5] 16. BIRTHPLACE (city or town) Why have (State or country)	Where did Injury occur?
will: In france	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT CVCLing to	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Down Date Date	Nature of injury
anasticalines	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER ACCEPTAGE (Address)	If so, specify
1.0 10 (A) 500 m	(Signed) Henry & Turing. M. D.
20. FILED CLUY D, D. C. Jewy C. J. Registrar.	(Address) Bowe.
If more blanks are needed, address State Registrar.	24.1.1 N. Charles Street. Baltimore. Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
HUNRAU			
Other contributory causes of importance:	-/	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

state

1. PLACE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	9	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 5 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 7551
1. PLACE OF DEATH County Line Lens	3 Paristantian Pice 11 2.3/
Village or City Collent	Registration Dist. No
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?mosds
2. FULL NAME Stillyn	- Juigge
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIFORGED ("write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1-12536	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	I last saw h, 19; death is sai to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this procupation (month and	Millon
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Colling (State or couply)	Other Contributery Canses of importance:
13. NAME Kishand millo Jonigs	
13. NAME Cohand Multi- Journe 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Helen Cother & Brown	What test confirmed diagnosis?
15. MAIDEN NAME Sele Coffeen & Brown 16. BIRTHPLACE (city or town) State or country)	Accident, suicide, or homicide?
17. INFORMANT Richard Milly Spring	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place A.F. A.O. M.L. Date July 18, 1936	Manner of Injury
19. UNDERTAKER THE THE	Nature of Injury 24. Was disease or injury In any way related to occupation of deceased?
20. FILE Day / 7 1936 Henry Pheops	If so, specify Signed) Lany & China M. I
Registrar.	(Address) Bowe -

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilopsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
s.		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilopsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

N. B.-

	CERTIFICATE OF DEATH 7549
1. PLACE OF DEATH	176
County France, George.	Registration Dist. No. 235
Village or City Re Shire	No. St., Ward
, p (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred 3 yrs. mos	ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME William Stoker St.	if U. S. Veteran, specify WAR
(a) Residence: No. Collage City Med.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH /
Male. White OR DIVORCED (write the word)	July 28 193 26
5a If married widowed or divorced	(Month) (Day) (Yeer)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended daceased from
(or) WIFE of Emma & laser.	TAMA 19 MM 0 at 3 ! 25 TO A.M.
6. DATE OF BIRTH (month, day, and year) Nov. 28, 1868	I last saw h alive on 19 daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
/7 T	The PRINCIPAL CAUSE OF DEATH end related causes of importance
ormin.	ware as follows:
Register of the state of the st	TO DOWN
SAWYER, BOOKKEEPER, etc.	00 (2000)
work was done, as SILK MILL, SAW MILL, BANK, etc	
13 10 Dala deceased last worked at	
this occupation (month and 1936 spent in this 54 mg	
Q	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	DI DI DI ALLA
(Stata or country)	Cearon Pain
13. NAME / turn Sloper	
13. NAME / Furn Stopen 14. BIRTHPLACE (city or town) Jermany	Neme of operation
(Stata or country)	What tast confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Emma Harbman 16. BIRTHPLACE (city or town) 16. State or country)	23. If deeth was due to external causes (VIOLENCE) fill In elso tha following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
0.01	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	n - 4. 1
Place Forestville Data aug / 1936	Manner of injury
6) +0, 00 H	Natura of injury
19. UNDERTAKER SCHOOL STOSSES	24. Wes disease or injury In any way related to occupation of deceesed?
(Addrass) allpher Marlbaro hid	If so, specify
20. FILED 8-36-1936 Vhor. D. Suffelly	(Signed) (Signed) (Signed)
Registrar.	(Address) Are Eo Willy with

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person agcd 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AUG O			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

11 15

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	7552
County In Georges County	Registration Dist. No. 214 239
Village or City Burtonsville	NoSt.,Ward
17	death occurred in a hospital or institution, give its NAME instead of street and number)
- () () () () ()	ds. How long in U.S. if of foreign birth?ds.
2. FULL NAME John gilbert other	npact U.S. Veteran specify WAR.
(a) Residence: No. Janua (Greenburn) (b) sual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Oey) (Year)
5a. If married, widowed, or divorced HUSBAND of Control	22. I HEREBY CERTIFY, Thet I attended deceased from
	, 19, to, 19,
6. DATE OF BIRTH (month, day, end year) June 6, 1884	I last saw h; death is said
7. AGE Years Morth's Oeys If LESS than 1 dey,hrs.	to have occurred on the date stated above, at
52 / 14 ormin.	were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEPER, etc.	Prior Dry Cause of sudden objeth: Unknown
SAWYER, BOOKKEEPER, etc. 19 Industry or business in which	Disdown danh
work was done, as SILK MILL, SAW MILL, BANK, etc.	(P) 22 (27)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and 7/10/1) spent in this f	m o the the program
year) occupation (month and ///4/34 occupation affection)	no frather information . Ceve Vs.
12. BIRTHPLACE (city or town). Binghamton. M. y	Other Contributory Causes of Importance:
(State or country)	
13. NAME Cothun Lee Thompson,	
13. NAME Cotton de Shoryson 14. BIRTHPLACE (city or town) New York State (State or country)	Name of operation
(State or country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Ofachel Downing,	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Of a chel Lourna, 16. BIRTHPLACE (city or town). Men Joseph State	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where dld injury occur?
17. INFORMANT Orthur Lee Thompson (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
10 DUDIAL OPPRATION OF PEROVAL	Manner of Injury
Place alexandra, Va Date 7/23, 19 06	Nature of injury
19. UNDERTAKER 78 Brunds (Address) 924 n.y. arc. Wash. DE	If so, specify August any way related to occupation to occ
20. FILED July 21, 19/36 75 Muslay Delty Villeyar.	(Signed) John Malaning Physician. 0
If more blanks are needed, address Stale Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis , F C E	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AUG	July 5,1927	Peritonitis	3 days ago	
BUREA				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

infor	state	UPA	
Jo 1	pluc	220	/
item	sho	of	1
Every	CIANS	ement	
RD.	YSI	stat	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
NENT	CTL	sified.	
RM	XA	clas	
PE	d E	rly	cate
IS A	state	prope	ertifi
SIL	pe	pe	of c
K-TJ	plnoy	may	FION is very important. See instructions on back of certificate.
Z	ES	at it	no s
ING	AG	o the	tions
FAD	ied.	ns, s	struc
NO.	Iddn	terr	e ins
ITH	lly s	plain	Se.
M	refu	in	tant
F	e ca	ATH	por
AI	q p	DE	y in
PL	houl	OF	ver
TE	n s	E	52
WRI	natio	AUS	FION

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2553
1. PLACE OF DEATH	50
county Iro Teorgia County	Registration Dist. No.
Village or City MA Ramus Ma	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2 FULL NAME Emma borgina Todd	If U. S. Veteran, specify WAR
(a) Residence: No. 3701 Bunker Hell Ro	Cst., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) whole will be word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed of divorced HUSBAND of (or) WIFE of James W. Jodd	22. I HEREBY CERTIFY, That I attended decaasad from
19 18 8	I last saw h. LA alive on Olly 11 , 19-3 6; deeth is said
6. DATE OF BIRTH (month, day, and year) 7 / 7 AGE Years Months Days If LESS then	to have occurred on the data stated above, at \$45 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance ware as fellows:
2 Trade profession or particular	ware as follows: Date of onset Superior of the superior of t
kind of work done, as SPINNER, at home	of lift breast
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc.	7 - 60 - 60 - 60 - 60 - 60 - 60 - 60 - 6
10. Date deceased last worked at this occupation (month and yeer)	
12, BIRTHPLACE (city or town) Ollingis	Other Contributary Causes of importance:
(Stete or country)	The Maritin Char : 2 Mg
13. NAME Jael Haskell	The state of the s
13. NAME Jack Haskell 14. BIRTHPLACE (city or town) New York	Name of operation Date of
(State of Country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Mariamma Crisswell	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mariamma Crisswell 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida? Date of injury19
∑ (State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Gerbrude M; Jodd (Address) MA Rungs	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place Kock Island Data July 14-, 1936	Natura of injury
19. UNDERTAKER & Susche John	24. Wes disease or injury in any way releted to occupation of decaesed?
(Addrass) Sylatteville - ma	If so, specify
20. FILED 7/13 1996 / Staybolly MA	(Signed) W. Merlone M. D.
Registrar.	(Addrass) MTRacus (Pt)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If 'the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5 1927 Cercbral hemorrhage Peritonitis 3 days ago BUREAU Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7554
1. PLACE OF DEATH	0
County Presen Lemgla	Registration Dist. No. 230
Village or City mear Bradelulls	NoSt., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME ULKEUREN Bal	
(a) Residence: No. Llukuvus (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Charles Gray 7 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
	19 to July 2 4 , 1936
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h A continue on 19 ; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME	Body found in right Oato of one of the Standard Control of the Standard Control of the Control of the Standard Control of the Control of the Standard
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Wes there en autops ###
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT(Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place BLADENSBURG M.B. Date JULY 36, 1934	Manner of Injury
19. UNDERTAKER 7. Hareles House 8 20. FILED July 26, 1976 John D. Switch Resistrat.	24. Was disease or mury in any way related to occupation of deceased? If so, specify (Signed) Us - Allew Grant Course Physican (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Example I		Example II	
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Arteriosclerosis Aug 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage READVALLY S.	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

Every item of infor-

1. PLACE OF DEATH	MARYLAND—	CERTIFICATE OF DEATH	755:
County Prince George	u .	82-a Registration Dist. No.	3/
Village or City Glesh Cod		No. 3 1d & Suncoln Live S death occurred in a hospital or institution, give its NAME instead of street	
Length of residence in city or town whera deat 2. FULL NAME	-1 111	ds. How long in U.S. if of foreign birth?yrs If U.S. Veteran specify WAR	
(a) Residence: No. 31d & C	Incoln two (Usual place of abode)	St., Ward. If nonresident give city or tow	vn and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEA	тн
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 2 (Month) (Day)	, 193. 6 (Year)
5a. If married, widowed, or divorced HUSBAND of	01,	22. I HEREBY CERTIFY, That I at	
(or) WIFE of Thomas We	aller	, 19, to	
6. DATE OF BIRTH (month, day, and year) Mo	v ?	I last saw h alive on, 1	9; death is sa
7. AGE Years Months 70 ?	Days if LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	e Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	None	Ceretral hemorrhage	
9. Industry or business in which work was done, as SILK MILL,			
10 Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	ma	Other Contributory Causes of importance:	
W 13. NAME John Pag	e	Cynaushan	
14. BIRTHPLACE (city or town) 1. (State or country)	ma	Name of operation Da	
		What test confirmed diagnosis? Was the	
I		23. if death was due to external causes (VIOLENCE) fill in also the for Accident, suicide, or homicide?	-
16. BIRTHPLACE (city or town)	11-11	Where did injury occur? (Specify city or town, county a	
17. INFORMANT Julie China (Address)	chhill	Specify whether injury occurred in INDUSTRY, in HDME, or In PUB	LIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Word.	Date 7/23 ,1936	Manner of injury How Had	COD
19. UNDERTAKER LU. Z. C. Address) 21	Miseron	24. Was disease or injury In any way related to occupation of decease	bock
20. FILED July 23, 1936 LLC	len Stack	(Signed) John Maloney Olypaca	an) M.

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Chronic interstitial nephritis AUG 18 1000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

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Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage ANG 5 1930	July 5,1927	Peritonitis	3 days ago
PHOPATI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(M)	STATE OF MARYLAND	CERTIFICATE OF DEATH 7557
infor- state UPA-	1. PLACE OF DEATH	(9)
C) onld	County Pro Jeoges	Registration Dist. No. 245
item of should of OCC	Village or City Chilles Md	NoSt.,Ward
/ .=	Length of residence in city or town where death occurred yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
Every CIANS tement	2. FULL NAME Francis Ferdinan	White
AD. F	(a) Residence: No. Chillum Mid	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
E S	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	OR DIVORCED (write the word)	1936
ING NENT CTLY iffed.	5e. If married, widowed, or divorced	(Month) (Day) (Year)
O A A	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
	6. DATE OF BIRTH (month, dev. and year) 9an. 10, 1936	Heat of he age alive on Gally 29 10 9th death le said
FOR BI	6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 3 P. m.
FOR B IS A PH stated H properly	6 12 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 70	8 Trade profession or particular	Sharm - Caused by Date of onset
ED : HIS	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Blivel trouble luttering teeth
ERVI NK—T] should it may n back	work wes done, as SILK MILL,	Twhooping Carrete.
03 1 5		
N RES DING IN AGE so that	year) occupation occupation	Other Contributory Causes of importance:
S. DI	12. BIRTHPLACE (city or town) Cheller Md (State or country)	Thooping Cough.
MARGIN ITH UNFADI Illy supplied. plain terms, so	1 0 0 0	
LAJ UND upp ter	13. NAME John While 14. BIRTHPLACE (city or town) woodmore md	Name of operation. At the Dete of
- H -= 70	(Stete or country)	Whet test confirmed diagnosis? Was there an autopsy?
Y, WITI carefully I'H in pla	15. MAIDEN NAME Mable Carter	23. If death was due to external causes (VIOL ENCE) fill in also the following:
INLY, W be careful in portant	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19
Id be can DEATH	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT Challem ma	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
E PLA Should OF D	18. BURIAL, CREMATION OR DEMOVAL	Manner of Injury
	Bet Lenetura Madole July 2 4.19 3.6	Nature of injury
WRIT mation CAUSH	19. UNDERTAKER 7 Kasahi Sonia	24. Was disease or injury in any way related to occupation of deceased?
S. No. 1	(Address) Mystlevelle Dal	off so, specify
S. Z.	20. FILEO July 23, 1936 Mg Jan 8 18 19	(Signed) A Company M.D.
	If more blanks are needed, address. State Revisited.	(Address) WW Fordale Mal

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Cerebral hemorrhage AUC 5 1936	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

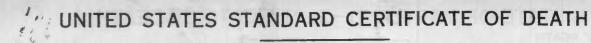
The state of the

STATE C	OF	MARYLAND—CERTIFICATE	OF	DEATH
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7558

1. PLACE OF DEATH	- Ra a
County Cn. Deto Co.	Registration Dist. No. 230
Village or City Oxitchus Md.	No. In Dess Ci Celus Mitte Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME The Wick	If U. S. Veteran, specify WAR
(a) Residence: No. (Wastalia MX.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (derice the word)	21. DATE OF DEATH
Male Olosed Single	(Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of	HEREBY CERTIFY Than I attended deceased from
Gua 15 1857	1900, 10
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yaars Months Days If LESS than	last saw his said
DO 1 day bee	to have occurred on the dete stated above, at
OTMIN.	were as follows:
8. Trada, profession, or particular kind of work done, es SPINNER,	MANAGER OF THE MANAGER OF THE STATE OF THE S
SAWYER, BODKKEEPER, etc.	The state of the s
Industry or business In which work was done, as SILK MILL, Doba c CO Jam.	11479
Kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. D. Date deceased last worked et this occupetion (month and	
year)	
12. BIRTHPLACE (city or town) Moult Carolina	Other Contributory Causes of Importance:
(State or country)	
13. NAME John Wicken	
13. NAME WICKEN 14. BIRTHPLACE (chy of town). UNSWOOM	Name of operation Data of
(State or country)	What test confirmed diagnosis? When was there an autopsy?
15. MAIDEN NAME 19 4 le Selle	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Pale Selle 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury19
State or country)	Where did Injury occur?
Cold John Ja. William	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT LE COMMENT (Address)	Specify whether injury occurred in INDUSTRY, IN NOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL	Menner of injury
Place Leounty Home Date July 13, 1986	Natura of injury
Retiende Bans	~ Y40
19. UNDERTAKER MANAGEMENT (Address)	24. Was disease or Injury In any way galated to occupation of dacased.
7/12/ 21 Then K. S. Shot	(Signed) (Signed)
20. FILED // Z , 1936 / Web D Registrar.	(Address) (Ital Lenny 8ta D.C.
	1 1

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Other contributory causes of importance:		Other contributory causes of importance:	Company of the
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	1		